



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

02-133

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Mike Montgomery, Chief **[Original Signed]**  
Bureau of Nutrition Services

**DATE :** November 1, 2002

**SUBJECT:** Damaged Product Returns Form Revision

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With the introduction of Enfamil LIPIL w/Iron concentrate and powder to the State's available sample formula product line, the attached Damaged Product Returns Form has been revised. Please begin using the revised form immediately.

Also attached is the original All Project Memo, #01-043, which provides the proper procedures for reporting damaged sample formula. These guidelines are still up-to-date and should be followed when requesting a credit or replacement of damaged sample formula.

Should you have any questions, please contact Kim Gold at (512) 458-7111, Ext. 2215 or at: [kim.gold@tdh.state.tx.us](mailto:kim.gold@tdh.state.tx.us).



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

01-043

**TO:** Regional Directors  
Directors, Local Health Departments  
Directors, Independent WIC Local Agencies  
Herman Horn, Chief, Bureau of Regional/Local Health Operations

**FROM:** Gerald D. Cannaday, Jr. **[ORIGINAL SIGNED]**  
Chief, Bureau of Nutrition Services

**DATE:** March 16, 2001

**SUBJECT:** Reporting Damaged Sample Formula

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Attached is a newly revised Damaged Product Returns form for requesting a credit or replacement for damaged sample formula. Please keep in mind that the following procedures must be followed when reporting damaged formula to Mead Johnson:

1. The attached form must be used when reporting damaged sample formula. Clinics should accept all formula upon delivery and not refuse damaged formula. Our account is not credited if formula is refused at time of delivery. After the damaged formula has been received, the clinic should then complete the attached form and fax it directly to **Donna Ulrich at (812) 429-8610**. Please do not contact customer service regarding credit or replacement for damaged formula.
2. **Mead Johnson will not credit or replace partial cases.** Clinics should keep track of individual cans until an equivalent of a full case is reached. Credit or replacement requests should be done in a timely manner. Clinics should not wait several months to request a credit or replacement after a full case has been reached. If several cases are damaged upon delivery, a request for credit or replacement should be done immediately.
3. Mead Johnson must credit or send replacement formula to the individual clinics that actually received the formula. Local Agencies should not combine damaged formula amounts from individual clinics and submit a form with an accumulative total.
4. In some instances, Mead Johnson is receiving requests for more credit or replacement of formula than what records indicate was sent to the clinic. Please make sure that individual concentrates or powders are not combined into one type.
5. Customer service should still be contacted for orders and any questions regarding delivery dates/times. Customer service can be reached at 1-800-457-3550.

Should you have any questions regarding the above procedures, please contact Kim Gold at (512) 458-7111, Ext. 2215.

Attachment

## MEAD JOHNSON PROCEDURES FOR DAMAGED PRODUCT RETURNS FOR WIC CLINICS

- **Never use damaged products!**
- **Always dispose of damaged products in an efficient & timely manner.**
- Each individual clinic should keep track of damaged cans and accumulate damaged cans equivalent to a full case. (e.g., all concentrate items = 12 cans per case & all powders items = 6 cans per case)  
**NOTE: WE DO NOT CREDIT OR REPLACE PARTIAL CASES!**

**To receive a credit or replacement, the clinic must complete this form and fax it to Donna Ulrich at 812-429-8610.**

Any questions regarding orders or deliveries should always be directed to Customer Service at 1-800-457-3550.

Customer Account Number \_\_\_\_\_ Agency/Clinic# \_\_\_\_\_

Local Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

**Please indicate the damaged item(s) and quantities (CASE QUANTITIES ONLY):**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Enfamil LIPIL w/Iron Concentrate | Case Qty _____ |
| <input type="checkbox"/> Enfamil LIPIL w/Iron Powder      | Case Qty _____ |
| <input type="checkbox"/> Enfamil W/I Concentrate          | Case Qty _____ |
| <input type="checkbox"/> Enfamil W/I Powder               | Case Qty _____ |
| <input type="checkbox"/> ProSobee Concentrate             | Case Qty _____ |
| <input type="checkbox"/> ProSobee Powder                  | Case Qty _____ |
| <input type="checkbox"/> LactoFree Concentrate            | Case Qty _____ |
| <input type="checkbox"/> LactoFree Powder                 | Case Qty _____ |
| <input type="checkbox"/> Other _____                      |                |

**Please indicate Replacement or Credit**

- ☐ Replacement Request
- ☐ Credit Request

**THANK YOU!**